

# Wisconsin Department of Regulation & Licensing

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## DENTISTRY EXAMINING BOARD

### DOCUMENTATION OF TRAINING DELEGABLE PROCEDURES TO UNLICENSED PERSON

Information requested is required for processing.

Name: \_\_\_\_\_ Dental Office Address: \_\_\_\_\_

Graduate of accredited dental assisting program? Yes \_\_\_\_\_ Date \_\_\_\_\_ No \_\_\_\_\_

Passed the CDA/DANB examination? Yes \_\_\_\_\_ Date \_\_\_\_\_ No \_\_\_\_\_

Educational Background: \_\_\_\_\_

Category of Service	Delegable Procedure	Review of Educational Material	TRAINING		Date Training Completed	Signature of Trainee	Signature of Dentist
			Observation	Supervised Application m = model p = patient			